



## Rooftop Runoff Management Operation and Maintenance Inspection Report Town of Mooresville, North Carolina

Project Name: _____	Inspection Date: _____
Inspector Phone #: _____	Inspector Email: _____
Inspector Name: _____	Inspector Signature: _____
Recent Rainfall: <input type="checkbox"/> 0-2 days <input type="checkbox"/> 3-5 days <input type="checkbox"/> 5+ days	<input type="checkbox"/> Initial Inspection <input type="checkbox"/> Follow-up Inspection

☐ **Aerial Photo of Site and Photographs of BMP Attached (Required)**

**Code Key:**

N/A	=	Not Applicable	M	=	Monitor (potential for future problem)
WN	=	Work Needed	S	=	Satisfactory (or no maintenance needed at time of inspection)

Potential Problem	Code	Comments
<b>Plants &amp; Materials</b>		
Weeds are present		
Vegetation is dead or diseased		
Other (describe)		

<b>Flow Diversion Structure</b>		
The structure is clogged		
The structure is damaged		
Other (describe)		

<b>Gutters, Drains and Spouts</b>		
Clogging has occurred		
Damage has occurred		
Other (describe)		

**Additional Comments/Recommendations:**


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**Please notify us when work is complete or if you have questions.**



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1. Name of the land owner: \_\_\_\_\_

Address of the land owner: \_\_\_\_\_

2. Recorded book and page number of the lot for this structural SCM: Book \_\_\_\_\_ Page \_\_\_\_\_

3. The following repairs and maintenance are needed at this time: If no repairs or maintenance are needed at this time, insert N/A and move to item 4.

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### 4. Compliance Certification:

Please complete Section A or B as appropriate.

#### A. Certificate of Compliance

I do certify that I conducted an inspection of the SCM described herein. I certify that at the time of my inspection this SCM was performing properly and was in compliance with the terms and conditions of the approved maintenance agreement and/or the approved plans as required by the Watershed Ordinance.

Original signature and seal of the engineer, surveyor, or landscape architect.

\_\_\_\_\_  
Signature and title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Seal

#### B. Conditional Certificate of Compliance

I do certify that I conducted an inspection of the SCM described herein. I certify that at the time of my inspection this SCM was performing properly and was in compliance with the terms and conditions of the approved maintenance agreement and/or the approved plans as required by the Watershed Ordinance with the exception of the items listed in the above inspection sheet that require correction by the owner/permittee. I will inspect once the repairs are complete and submit a certified report.

Estimated Date of Compliance: \_\_\_\_\_

Original signature and seal of the engineer, surveyor, or landscape architect.

\_\_\_\_\_  
Signature and title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Seal